

Editorial

Investing in the future: prioritizing adolescent health in Pakistan

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Extract

Adolescence is the stage of life between ages 10 and 19, marking the journey from childhood to adulthood, and is considered the most critical time of human development. During this time, many significant physical, psychological, sexual, reproductive, and social changes occur, making it a critical phase of life. Despite the fact that approximately 21% of Pakistan's population consists of adolescents, the country currently lacks almost any policies focused on promoting adolescent health. Adolescents in Pakistan face significant challenges due to the lack of access to physical, mental, and sexual health services and limited opportunities for physical activity and recreation. Therefore, it is crucial to prioritize this population group's health and well-being to address these pressing concerns by employing a holistic approach so that young people can be empowered to make informed decisions.

Keywords

Adolescent health; Pakistan; Developing countries

The World Health Organization (WHO) defines adolescence as the period between childhood and adulthood, ranging from ages 10 to 19 [1]. This phase is crucial in human development, as it involves numerous physical, psychological, sexual, reproductive, and social milestones [2]. Therefore, it is essential to address the unique health needs of adolescents in a compassionate and structured manner, as physical and mental changes during this period can potentially deviate them from healthy developmental trajectories.

Unfortunately, over 1.5 million adolescents and young adults aged 10–24 lost their lives in 2020, resulting in nearly 5000 daily deaths [1]. The primary causes of death among adolescents and young adults are injuries (including road traffic accidents and drowning), violence, self-harm, and maternal conditions. The mortality patterns in the 10- to 24-year-old age group vary. Younger adolescents are primarily affected by infectious diseases, while accidents, self-harm, violence, and maternal conditions become more prominent as they grow older. Gender differences also play a role, with higher mortality rates among males [1]. Early substance use initiation can increase the risk of developing dependence and other problems during adulthood. Moreover, substance use disproportionately affects younger individuals compared to their older counterparts [3].

Adolescence is a time of significant changes, including physical appearance, development of secondary sexual characteristics, changes in mental capacity, and increased self-consciousness due to hormonal mediation of physiology and psychology. According to Somerville et al., the behavioral patterns of adolescents, such as self-consciousness and social evaluation, are closely related to enhanced activity in the medial prefrontal

cortex [4]. Recent literature suggests that early childhood development and circumstances also play a crucial role in influencing the sexuality of young adults. Factors such as birth weight, breastfeeding duration, absence of parents, numbers and ages of siblings, and socioeconomic circumstances can all have an impact [5]. Increased risk-taking may be promoted less by the hormonal changes of puberty than by developmental events occurring in the brain. The motivational value of drugs is also felt exaggeratedly. This, in turn, prompts adolescents to behave in particular ways and makes them likely to initiate the use of alcohol and other drugs [6].

Pakistan has one of the youngest populations in the world and South Asia. According to the Pakistan Demographic and Health Survey (PDHS) 2017-2018, Pakistan's adolescent population (aged 10 to 19 years) accounts for approximately 21% of the total population. This means that of approximately 220 million people, approximately 46 million are adolescents [7]. Despite the significant proportion of young people in its population, Pakistan has few, if any, policies targeting adolescent health. The field of pediatrics provides health coverage for the first 18 years of life. However, most pediatric departments of general hospitals in Pakistan cover up to 12 years of age, and those above this age bracket are referred to adult medicine departments [8]. This abrupt change in service delivery leaves no room for the transition from childhood to adulthood in terms of care-seeking and service utilization.

In a 2019 report, it was mentioned that sexual and reproductive services and awareness are almost nonexistent in Pakistan, where two-thirds of adolescent girls were unaware of menstruation at puberty. Their main source of information was female family members. In contrast, most boys gathered sexual and reproductive information from friends and social media. The roles of education and health systems were lacking at this crucial stage [9]. Due to the lack of awareness regarding sexual health, adolescents are left with ambiguous and unscientific information about the changes their bodies are undergoing. Their inquisitiveness also forces them toward high-risk behaviors. This puts them at risk for HIV and other sexually transmitted infections [10].

Mental health resources are scarce in Pakistan, with fewer than 500 trained psychiatrists serving the entire population. According to a report, 3,729 outpatient mental health facilities are in the country, of which only 1% are specifically designated for children and adolescents [11]. These numbers shed light on children's and adolescents' lack of mental health facilities. In addition, there is no recognized referral pathway to psychiatric services for children. Children with mental and behavioral difficulties present to family physicians in the community or psychiatric outpatient departments, where general adult psychiatrists see them. Often, these problems are initially responded to by spiritual and faith healers [12].

In Pakistan, adolescents face not only a lack of access to mental and sexual health services but also limited opportunities for physical activity and recreation [13]. According to the WHO, children and adolescents aged 5 – 17 should engage in at least one hour of moderate to intense physical activity daily. However, only a meager proportion of Pakistani adolescents (15.5%) between the ages of 13 and 15 manage to fulfill this requirement, with girls being particularly inactive due to various sociocultural factors [13]. Additionally, the rise of social media has led to decreased engagement in sports and other physical activities among young people [14].

When examining the state of adolescent health in Pakistan, it is valuable to compare it with other similar and advanced countries that have achieved better health indicators in this domain. Countries such as Sweden, the Netherlands, and Canada have made significant strides in promoting the well-being of their adolescent populations [15, 16]. These countries have implemented comprehensive healthcare services that prioritize ad-

olescent needs, including sexual and reproductive health services, mental health support, and accessible healthcare facilities. Furthermore, they have successfully incorporated comprehensive and evidence-based sex education programs into their educational systems, addressing topics such as contraception, safe sex practices, and sexual health [17]. Lessons can be learned from their approaches, which emphasize the importance of investing in adolescent health and providing comprehensive support systems.

In comparison, Pakistan faces challenges in addressing adolescent health. Limited access to quality healthcare services, inadequate sex education, and cultural factors that influence health-seeking behaviors contribute to the current situation. However, by examining the successful strategies employed in countries such as Sweden, the Netherlands, and Canada, Pakistan can develop targeted interventions to improve adolescent health. Collaborating with these countries and adopting their best practices could inform and shape policies and programs in Pakistan, leading to better health outcomes for adolescents [18, 19].

It is imperative to prioritize the lives and health of the adolescent population in Pakistan, as it profoundly impacts their future. Moreover, their experiences and stimuli during this stage profoundly impact their adult lives. Therefore, teachers, doctors, and psychiatrists, who are at the forefront of addressing these issues, require comprehensive training to serve adolescents effectively. Multiple measures need to be taken to improve adolescent health in Pakistan. First, improving adolescent health in Pakistan requires increasing access to comprehensive healthcare services, as adolescents face significant obstacles in obtaining necessary care, and this increase in access needs to focus on sexual, reproductive, and mental health. Second, sex education in Pakistan is inadequate and barely addresses important issues such as contraception, safe sex, and sexual health. It is essential to develop and implement comprehensive sex education programs in schools and communities to educate young people about these issues. Third, it is crucial to consider cultural and religious beliefs in Pakistan, as they significantly influence attitudes toward adolescent health. Therefore, involving religious leaders and community members in dispelling myths and misconceptions is necessary. Finally, young people should be empowered to make informed health decisions and access necessary services to support their choices.

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References

- [1] World Health Organization. Adolescent health. 2021 [cited 23 January 2023]. Available from: https://www.who.int/health-topics/adolescent-health#tab=tab_1.
- [2] Kapur S. Adolescence: the stage of transition. *Horiz Holist Educ*. 2015;2(3):233-50.
- [3] Adger H. Alcohol and other drug use and abuse in adolescents. In: Rogers DE, Ginzberg E, editors. *Adolescents at risk*. 1st ed. New York: Routledge; 2021. p. 80-95.
- [4] Somerville LH, Jones RM, Ruberry EJ, Dyke JP, Glover G, Casey BJ. The medial prefrontal cortex and the emergence of self-conscious emotion in adolescence. *Psychol Sci*. 2013;24(8):1554-62. <https://doi.org/10.1177/0956797613475633>

[5] Xu Y, Norton S, Rahman Q. Early life conditions and adolescent sexual orientation: a prospective birth cohort study. *Dev Psychol.* 2019;55(6):1226-43. <https://doi.org/10.1037/dev0000704>

[6] Spear LP. Neurobehavioral changes in adolescence. *Curr Dir Psychol Sci.* 2000;9(4):111-4. <https://doi.org/10.1111/1467-8721.00072>

[7] Rahim KA, Lassi ZS. Adolescents and their nutrition: a landscape view from Pakistan. *Ann King Edw Med Univ.* 2021;27(2).

[8] Sawyer SM, McNeil R, Francis KL, Matskarofski JZ, Patton GC, Bhutta ZA, et al. The age of paediatrics. *Lancet Child Adolesc Health.* 2019;3(11):822-30. [https://doi.org/10.1016/S2352-4642\(19\)30266-4](https://doi.org/10.1016/S2352-4642(19)30266-4)

[9] Kamran I, Niazi RM, Khan K, Abbas F. Situation analysis of reproductive health of adolescents and youth in Pakistan. Islamabad (PK): Population Council; 2019 Dec.

[10] Khalid A, Qadir F, Chan SW, Schwannauer M. Adolescents' mental health and well-being in developing countries: a cross-sectional survey from Pakistan. *J Ment Health.* 2019;28(4):389-96. <https://doi.org/10.1080/09638237.2018.1521919>

[11] Javed A, Khan MNS, Nasar A, Rasheed A. Mental healthcare in Pakistan. *Taiwan J Psychiatry.* 2020;34(1):6-14. https://doi.org/10.4103/TPSY.TPSY_8_20

[12] Khan F, Shehzad R, Chaudhry H. Child and adolescent mental health services in Pakistan: current situation, future directions and possible solutions. *Int Psychiatry.* 2008;5(4):86-8. <https://doi.org/10.1192/S1749367600002253>

[13] Imtiaz A, UlHaq Z, Afaq S, Khan MN, Gillani B. Prevalence and patterns of physical activity among school aged adolescents in Pakistan: a systematic review and meta-analysis. *Int J Adolesc Youth.* 2020;25(1):1036-57. <https://doi.org/10.1080/02673843.2020.1831559>

[14] Richards D, Caldwell PHY, Go H. Impact of social media on the health of children and young people. *J Paediatr Child Health.* 2015;51(12):1152-57. <https://doi.org/10.1111/jpc.13023>

[15] United Nations Internnnational Children's Emergency Fund. The state of the world's children 2011: adolescence - an age of opportunity. 2011 [cited 23 January 2023]. Available from: <https://data.unicef.org/resources/the-state-of-the-worlds-children-2011-adolescents-an-age-of-opportunity/>.

[16] Sawyer SM, Afifi RA, Bearinger LH, Blakemore S-J, Dick B, Ezeh AC, et al. Adolescence: a foundation for future health. *Lancet.* 2012;379(9826):1630-40. [https://doi.org/10.1016/S0140-6736\(12\)60072-5](https://doi.org/10.1016/S0140-6736(12)60072-5)

[17] Patton GC, Viner RM, Linh LC, Ameratunga S, Fatusi AO, Ferguson BJ, et al. Mapping a global agenda for adolescent health. *J Adolesc Health.* 2010;47(5):427-32. <https://doi.org/10.1016/j.jadohealth.2010.08.019>

[18] Hargreaves DS, Greaves F, Levay C, Mitchell I, Koch U, Esch T, et al. Comparison of health care experience and access between young and older adults in 11 high-income countries. *J Adolesc Health.* 2015;57(4):413-20.

[19] Singh NS, Ataullahjan A, Ndiaye K, Das JK, Wise PH, Altare C, et al. Delivering health interventions to women, children, and adolescents in conflict settings: what have we learned from ten country case studies?. *Lancet.* 2021;397(10273):533-42. [https://doi.org/10.1016/S0140-6736\(21\)00132-X](https://doi.org/10.1016/S0140-6736(21)00132-X)